

Exhibit 9

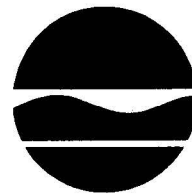
New York State Department of Environmental Conservation

Division of Air Resources, Region 9

270 Michigan Avenue, Buffalo, New York, 14203-2999

Phone: (716) 851-7130 • FAX: (716) 851-7134

Website: www.dec.state.ny.us



Recorded by: Cheryl Webster

Date Received: August 20, 2009

Time Received: 2:00 pm

CALLER:

Name: [REDACTED] - CACWNY [REDACTED] called on behalf of

Address: [REDACTED] Kaufman Ave
Tonawanda, NY

Phone: [REDACTED] (cell)

COMPLAINT DETAILS:

Description: The complainant reported a fine black dust covering the water surface in their pool, and coating everything else outside. I went to the site and found the fine black grit visible on all surfaces. I collected a sample to send to Albany for particle identification. I met with [REDACTED] mother, [REDACTED] at the site. I was told that the particles were not present the previous evening.

Location: [REDACTED] Kaufman Ave, Tonawanda

COMPLAINT'S CAUSE:

Name: Unknown

Address:

025.01
GOVERNMENT
EXHIBIT
1:10-cr-00219

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT COMPLAINT LOG

Name [REDACTED]
 Address KAUFMAN AVE
 Telephone No: (Bus. [REDACTED]) (Home) SAME

Have you personally experienced any of the following symptoms which you think might be related to odors?
 No Yes (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RIVER ROAD TONAWANDA

Wind Direction (from) NORTH Wind strength: Strong Medium Light None

Discomfort Symptoms	Severe		Mild		Date and Time (A.M. or P.M.)	
	Began	Ended	Began	Ended	Began	Ended
a) Eye irritation						
b) Sneezing						
c) Coughing						
d) Nausea						
e) Other <u>HARD TO BREATHE</u>						

Actions Taken

Date

Time (A.M. or P.M.)

- a) Went indoors and shut doors and windows
 b) Curtained activity
 c) Took medication
 d) Sought medical treatment
 e) Called Dept. of Environmental Conservation
 f) Called other state or local agency
 g) Other Put on O2 MASK

<u>5-26</u>	<u>11 PM - 5 AM</u>
<u>5-27</u>	<u>11 PM - 5 AM</u>
<u>5-28</u>	<u>7:25 - 9:45 PM</u>

Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No Yes (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RR TONAWANDA

Date damage/soiling observed 5-26 5-27

Describe damage or soiling BLACK GRIT SOOT ON CARS PAINT
ALSO ON OUT DOOR PLANTS LEAVES

IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes No (Circle)

Signature of complainant [REDACTED]

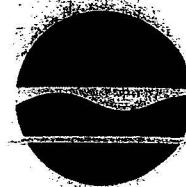
Date 5-28

Make additional copies if necessary.

025.02
 GOVERNMENT
 EXHIBIT
 1:10-cr-00219

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



- 1) Name [REDACTED]
 Address [REDACTED] KAUFMAN
 Telephone No: (Bus.) [REDACTED] (Home) [REDACTED]
- 2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No (Yes) (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RIVER Rd TONA-NY

Wind Direction (from) _____ Wind strength: Strong ___ Medium ___ Light ___ None ___

Discomfort Symptoms	Severe	Mild	Date and Time (A.M. or P.M.)	
			Began	Ended
a) Eye irritation	X		4-28-09 10:15AM	After 9:30PM
b) Sneezing	X			
c) Coughing	X			
d) Nausea	X			
e) Other <u>VERY HARD TIME BREATHING</u>	X			

Actions Taken	Date	Time (A.M. or P.M.)
a) Went indoors and shut doors and windows	4-28-09	10:15AM
b) Curtailed activity	4-28-09	10:15AM
c) Took medication		
d) Sought medical treatment		
e) Called Dept. of Environmental Conservation		
f) Called other state or local agency		
g) Other <u>CALLED POLICE</u>	4-28-09	ABOUT 7:30-800PM

- 3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No (Yes) (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RIVER Rd TONA-NY

Date damage/soiling observed _____

Describe damage or soiling BLACK soot substance on cars

- 4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? (Yes) (No) (Circle)

- 5) Signature of complainant [REDACTED]

Date 4-30-09

*Please make additional copies if _____

RECEIVED
 Region 9 - Div. of Air

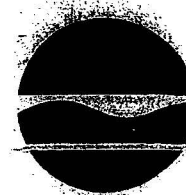
2009

N.Y.S. DEPT. OF
 ENVIRONMENTAL CONSERVATION 2/09

025.03
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 EXHIBIT
 1:10-cr-00219

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



- 1) Name [REDACTED]
 Address [REDACTED] RAUSMAN
 Telephone No: (Bus.) [REDACTED] (Home) [REDACTED]
- 2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No ☒ Yes (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RIVER Rd TONA NY

Wind Direction (from) _____ Wind strength: Strong ___ Medium ___ Light ___ None ___

Discomfort Symptoms	Severe	Mild	Date and Time (A.M. or P.M.)	
			Began	Ended
a) Eye irritation	<u>X</u>	_____	<u>4-28-09 10:15AM</u>	<u>AFTER 9:30 PM</u>
b) Sneezing	<u>X</u>	_____	_____	_____
c) Coughing	_____	_____	_____	_____
d) Nausea	_____	_____	_____	_____
e) Other <u>HEADACHES</u>	<u>X</u>	_____	_____	_____

Actions Taken	Date	Time (A.M. or P.M.)
a) Went indoors and shut doors and windows	_____	_____
b) Curtailed activity	_____	_____
c) Took medication	_____	_____
d) Sought medical treatment	_____	_____
e) Called Dept. of Environmental Conservation	_____	_____
f) Called other state or local agency	<u>4-28-09 ABOUT</u>	_____
g) Other <u>CALL POLICE</u>	<u>7:30-8:00 PM</u>	_____

- 3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No ☒ Yes (Circle) If yes, identify suspected source and complete the following:

Name TONAWANDA COKE Location RIVER Rd. TONA NY

Date damage/soiling observed _____

Describe damage or soiling BLACK soot substance on CARS

- 4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? ☒ Yes ☐ No (Circle)

5) Signature of complainant [REDACTED] Date 4-30-09

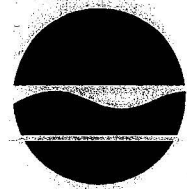
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025.04
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1:10-cr-00219

2/09

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



- 1) Name [Redacted]
 Address [Redacted] Two Mile Creek Road
 Telephone No: (Bus.) [Redacted] (Home) [Redacted]
- 2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No ☐ Yes ☒ (Circle) If yes, identify suspected source and complete the following:

Name Black Smoke Air Location Two Mile Creek Rd & Grand Is Blvd

Wind Direction (from) All Wind strength: Strong ☐ Medium ☐ Light ☐ None ☐

Discomfort Symptoms	Severe	Mild	Date and Time (A.M. or P.M.)	
			Began	Ended
a) Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>		
b) Sneezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
c) Coughing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
d) Nausea	<input type="checkbox"/>	<input type="checkbox"/>		
e) Other <u>Headaches</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All Day</u>	<u>Nite</u>

Actions Taken _____ Date _____ Time (A.M. or P.M.) _____

- a) Went indoors and shut doors and windows
 b) Curtailed activity
 c) Took medication
 d) Sought medical treatment
 e) Called Dept. of Environmental Conservation
 f) Called other state or local agency
 g) Other Stayed inside

Tylenol

I never take medication but have for the

- 3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No ☐ Yes ☒ (Circle) If yes, identify suspected source and complete the following:

Name ON Cake Plant Location Back White Brand New Door is Black

Date damage/soiling observed Recently put in Door, noticed how Black
It soot everywhere on sideing

Describe damage or soiling _____

- 4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes ☒ No ☐ (Circle)

5) Signature of complainant [Redacted] Date 3/25/09

*Please make additional copies if necessary.

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EXHIBIT
1:10-cr-00219

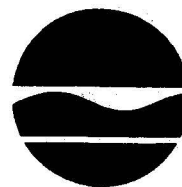
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TCC-00138329

025.05-0001

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



1) Name [Redacted]
 Address [Redacted] Balzac
 Telephone No: (Bus.) [Redacted] (Home) [Redacted]

2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No (Yes) (Circle) If yes, identify suspected source and complete the following:

Name Tan Parks Location [Redacted]

Wind Direction (from) [Redacted] Wind strength: Strong Medium Light None

Discomfort Symptoms	Severe	Mild	Date and Time (A.M. or P.M.)	
			Began	Ended
a) Eye irritation	<u>X</u>	<u></u>	<u>9:30 AM</u>	<u>1:00 PM</u>
b) Sneezing	<u>X</u>	<u></u>	<u></u>	<u></u>
c) Coughing	<u>X</u>	<u></u>	<u></u>	<u></u>
d) Nausea	<u>X</u>	<u></u>	<u></u>	<u></u>
e) Other <u>Throat hurts</u>	<u>X</u>	<u></u>	<u></u>	<u></u>

Actions Taken	Date	Time (A.M.) or P.M.
a) Went indoors and shut doors and windows	<u>3/20/09</u>	<u>10:00</u>
b) Curtailed activity <u>wait to let dog pee inside</u>	<u></u>	<u></u>
c) Took medication	<u></u>	<u></u>
d) Sought medical treatment	<u></u>	<u></u>
e) Called Dept. of Environmental Conservation	<u>No</u>	<u>ANSWER</u>
f) Called other state or local agency	<u></u>	<u></u>
g) Other <u>Burns</u>	<u></u>	<u></u>

3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No (Yes) (Circle) If yes, identify suspected source and complete the following:

Name [Redacted] Location [Redacted] Balzac

Date damage/soiling observed Soot, haze

Describe damage or soiling It smells so bad outside

4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes No (Circle)

5) Signature of complainant [Redacted] Date 3/20/09

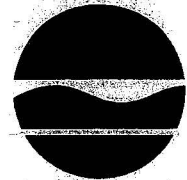
*Please make additional copies if necessary.



2/09

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



1) Name [REDACTED]
 Address [REDACTED] Two Mile Creek Rd. corner of Grand Island Blvd.
 Telephone No: (Bus.) [REDACTED] (Home) [REDACTED]

2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No Yes (Circle) If yes, identify suspected source and complete the following:

Name Black Smoke in the Air Location Home - corner of Grand Is Blvd
166 Two Mile Creek Rd
 Wind Direction (from) _____ Wind strength: Strong ☒ Medium ☒ Light ☒ None ☐

Discomfort Symptoms	Severe		Mild		Date and Time (A.M. or P.M.)	
	Began	Ended				
a) Eye irritation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AM</u>	<u>PM</u>		
b) Sneezing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
c) Coughing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
d) Nausea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
e) Other <u>HEADACHES</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>constant</u>			

Actions Taken	Date		Time (A.M. or P.M.)	
a) Went indoors and shut doors and windows				
b) Curtained activity				
c) Took medication	<u>constant</u>	<u>Tylenol</u>		
d) Sought medical treatment		<u>Eye Dr.</u>		
e) Called Dept. of Environmental Conservation				
f) Called other state or local agency				
g) Other _____				

3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No Yes (Circle) If yes, identify suspected source and complete the following:

Name Dark Soot / Ton Plant Location _____

Date damage/soiling observed years

Describe damage or soiling Dark Dirty Black Soot
on Back Door / Brand New Door - Siding also

4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes (Circle) No (Circle)

5) Signature of complainant [REDACTED] Date 3/16/09

*Please make additional copies if necessary.



2/09

New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG



- 1) Name [REDACTED]
 Address [REDACTED] MASEFIELD TONAWANDA N.Y. 14150
 Telephone No: (Bus.) _____ (Home) _____
- 2) Have you personally experienced any of the following symptoms which you think might be related to odors?
 No ☐ Yes ☒ (Circle) If yes, identify suspected source and complete the following:

Name [REDACTED] Location [REDACTED] MASEFIELD

Wind Direction (from) West Wind strength: Strong ☐ Medium ☐ Light ☐ None ☐

Discomfort Symptoms	Severe	Mild	Date and Time (A.M. or P.M.)	
			Began	Ended
a) Eye irritation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 PM	2 AM
b) Sneezing	<input type="checkbox"/>	<input type="checkbox"/>		
c) Coughing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 PM	2 AM
d) Nausea	<input type="checkbox"/>	<input type="checkbox"/>		
e) Other <u>DIFFICULT BREATHING</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 PM	2 AM

Actions Taken

Date

Time (A.M. or P.M.)

- a) Went indoors and shut doors and windows
 b) Curtailed activity
 c) Took medication
 d) Sought medical treatment
 e) Called Dept. of Environmental Conservation
 f) Called other state or local agency
 g) Other _____

Almost nightly
 nightly
 nightly

- 3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
 No ☐ Yes ☒ (Circle) If yes, identify suspected source and complete the following:

Name [REDACTED] Location [REDACTED] MASEFIELD

Date damage/soiling observed WATER PONDING GREEN + YELLOW

Describe damage or soiling soot on car

- 4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes ☒ No ☐ (Circle)

5) Signature of complainant [REDACTED] Date 3-13-09

*Please make additional copies if necessary.

025.08
 GOVERNMENT
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 1:10-cr-00219

2/09